

required by Title 49 on by year. This designation w	pehalf of <u>all</u> of its lobbylst will be affective for the rep or whom you will be repo giving any corresponders	corting of all expenditures	made during that intact person who	calendar will be re	g Expenditure Reports as itted by <u>lanuary 31°</u> of each year. This form must include sponsible for completing to fully complete this form
Hand deliver or mail to	2415 Quail Drive, 3 <sup>rd</sup> 787 or (225) 753-8780	Floor, Baton Rouge, LA 7	70808		
Fax to: (226) 763-8	RICHA	ed ww	6-6-T		FOR OFFICE USE DAILY, OR POStmark Data OS 14 (0)
	Street and No.	COLLEGEUM City	State	<i>942</i> 6 Zip	3060927
MAILING ADDRESS; 3. CONTACT PERSON:	Street and No.	City JAMES	\$tate	Zip	
	[184]	First	·	MI	
4. MAILING ADDRESS (If different from above	) Street and No.	City	State	Zip	100 PE
PHONE NUMBER      FAX NUMBER	484-865- Ares Code and 484-865-	4277	_ <del>-</del>		
7. Names of Lobbyists v	Area Code and who are employed by or v	than number The represent the interest	s of the Principal	listed abo	ve:
1) Name: <u>#1672.</u> Last	<u> </u>	BETH	- м		EC.ID.#108
2) Name: 7596 Lest	UE	BARRY Fire			EC.ID.# (24
3) Name:_ <u>にんのの</u> Last	<u> </u>	JERREY Fire			<sub>EC.ID.#</sub> <u></u> ]27

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		71/22-1710	
	4=1)	EXE	:c.ip.#1∞
4) Name: GU   LLORY Last  5) Name: MAFFEI	First	DAT	
Last A A CTECT	KATHY		<sub>сс.ио.#_</sub> 1 <u>05</u>
5) Name: <u>M /                                  </u>	Fir⊈	₩I	- 116 -
6) Name: ANDERSON	CHAO	EX	EC.ID.#
6) Name: / )/ (Jast	First	-	(EC.ID.#_ 120_
7) Name: ORADY	DUSTIN_		
Last	JENNY_	E	xec.id.#]29
8) Name: 15/1-55	First	MI	*EC ID# 121
∱- <del>uz</del>	FRANK		XEC.ID.#
9) Name: MARASCO Less		MI	EXEC.ID.#125
10) Name: WATKINS	BRANDIE		XEC.IU.
10) Name: Last	Fir#	/	
Pursuant to LSA-R.S.	49·76G(2)(a),	imployer of Principal	
Pursuant to Lon-Kisi	Name of E n of filling expenditure reports f	or all executive lot	bying expenditures
is exercising the option	n of filling experimental and		e vear of
made on my/its behalf	by persons representing my/its	Interests on man.	
	the information contained here	in is true and corr	RCL (O LITE DELLA STATE
I herapy certify that	tion and belief; and that no info	rmation required	by LSA-R.S. 49:71 et
knowledge, informat	tion and belief; and triat in this		
seq. has been deliber	rately omitted.		
seq. (Mar =	/		
	/		_
	Signature of Employer/Principal o	r Representative	
	Print or Type Full Name	_	
	Page 2 of 2	24	
Form 506, Rev. 7/04	/	1	

Pursuant to LSA-R.S. 49:766(2)(a), an employer or pri required by Title 49 on behalf of <u>all</u> of its lobbylsts. The year. This designation will be effective for the reporting a fisting of all persons for whom you will be reporting such reports and for recalving any correspondence room may render your designation ineffective.	he designation form ng of all expenditur n Also, please list a :	is to be complet es made during t contact person w	ed and subt hat calenda ho will be t	nitted by <u>January 31<sup>n</sup> of each</u> r year. This form must include responsible for completing
Hand deliver or mail to 2415 Quait Drive, 3 <sup>rd</sup> Floo OR Fax to: (225) 763-8787 or (225) 783-8780	r, Baton Rouge, LA	7060B		
1. EMPLOYER/PRINCIPAL		_/_		FOR OFFICE USE ONLY Postmerk Date:
2. BUSINESS ADDRESS Street and No.	991	State	Zip	mante e escol e e
MAILING ADDRESSStreet and No.	City	State	ZIp	
3, CONTACT PERSON:	First	-	MI	
4. MAILING ADDRESS	City	State	Zip	
6. FAX NUMBER  Area Code and Phone  Area Code and Fax N		_		
7. Names of Lobbyists who are amployed by or who re	present the Interest	s of the Principa		ve: EC.ID.#
1) Name: ANDERSON G  Last  2) Name: BREETHNE JE  Last  3) Name: ECHEGARRUA I	First First		EX	EC.ID.#107_
3] Name: ECHEGARRUA   1	First First			EC.1D.#

## Processor solding decomplished The composite solding decomplished

4) [	Name: HASTINGS	COREY		EXEC.ID.#	128
	Læst	First	МІ		
5) I	Name: <u>CALDERARO</u> Last	AUGUS 7	MI	EXEC.ID.#	103
6) 1	Name: SMITH	KAREN	PNI .	EXEC.ID.#	No
	Lest	First	МІ		
7) 1	Name: KILCLINE	VICKIE		EXEC.ID.#	]]7
	Last	First	ME		
	Name: ROUSEAU	ANDRG94		EXEC.ID.#	118
	Даж	Firat	. MI .		
9) N	Verne:			EXEC.ID.#	
	Last	First	МІ		
10)	Name:			EXEC.ID.#	
	Last	First	M		

Pursuant to LSA-R.S. 49:76G(2)(a), LCHARD WINGET

Name of Employer or Principal
is exercising the option of filing expenditure reports for all executive lobbying expenditures
made on my/lts behalf by persons representing my/its interests during the year of 2005.
I hereby certify that the information contained herein is true and correct to the best of my
knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et
seg, has been deliberately omitted.

Signature of Employer/Principal or Representative

Richard N. Winget

Print or Type Full Name

Form 506, Rev. 7/04

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